AMENDMENTS TO THE CLAIMS

1. (ORIGINAL) The use of a preparation based on an antibody directed against a tumor-associated glycosylation for preparing a medicament for the prophylactic and/or therapeutic treatment for the reduction or inhibition, respectively, of the growth of tumor cells in a cancer patient by inhibiting glycosylated tumor cell receptors.

2. (CURRENTLY AMENDED) A method of treating a patient to reduce or inhibit the growth of tumor cells in a cancer by inhibiting glycosylated tumor cell receptors, comprising administering to a patient an antibody directed against a tumor-associated glycosylation. ~~The use according to claim 1 for treating a patient in combination with a chemotherapy.~~

3. (CURRENTLY AMENDED) The method according to claim 1 for treating a patient in combination with a chemotherapy. ~~The use according to claim 1 for treating a chemotherapy resistance.~~

4. (CURRENTLY AMENDED) The method according to claim 1 for treating a chemotherapy-resistance. ~~The use according to claim 1 for treating the "minimal residual disease".~~

5. (CURRENTLY AMENDED) The method according to claim 1 for treating the "minimal residual disease". ~~The use according to any one of claims 1 to 4 for preventing the mitogenic stimulation of a tumor cell by the epidermal growth factor (EGF) and/or by heregulin.~~

6. (CURRENTLY AMENDED) The method according to claim 1 for preventing the mitogenic stimulation of a tumor cell by the epidermal growth factor (EGF) and/or by heregulin. ~~The use according to any one of claims 1 to 5 for the lysis of tumor cells which express a receptor from the family of the EGF receptors.~~

7. (CURRENTLY AMENDED) The method according to claim 1 for the lysis of tumor cells which express a receptor from the family of the EGF receptors. ~~The use according to any one of claims 1 to 6, characterised in that an antibody is directed against Lewis antigens.~~

8. (CURRENTLY AMENDED) The method according to claim 1, wherein said antibody is directed against Lewis antigens. ~~The use according to any one of claims 1 to 7, characterised in that an antibody directed against an aberrant glycosylation is used, like Lewis x-, Lewis b- and Lewis-y-structures, as well as sialyl-Tn, Tn antigen, GloboH, KH1, TF antigen and alpha-1,3-galactosyl epitope.~~

9. (CURRENTLY AMENDED) The method according to claim 1, wherein said antibody is directed against an aberrant glycosylation . ~~The use according to any one of claims 1 to 8, characterised in that the antibody is a monoclonal antibody, in particular a human, humanized, chimeric or murine antibody.~~

10. (CURRENTLY AMENDED) The method according to claim 9, wherein said aberrant glycosylation is a Lewis x-, Lewis b- or Lewis-y-structure, sialyl-Tn, Tn antigen, GloboH, KH1, TF antigen or an alpha-1,3-galactosyl epitope. ~~The use according to any one of claims 1 to 9, characterised in that an antibody having an affinity to binding the EGF receptor with a dissociation constant of below a Kd value of 10^{-6} mol/l, preferably less than 10^{-7} mol/l, most preferred 10^{-9} mol/l, or less, is used.~~

11. (CURRENTLY AMENDED) The method according to claim 1, wherein said antibody is a monoclonal antibody. ~~The use according to any one of claims 1 to 10, characterised in that the antibody is used in a dose of at least 50 mg, preferably at least 100 mg, most preferred at least 200 mg, up to 2 g per patient.~~

12. (CURRENTLY AMENDED) The method according to claim 11,

wherein said monoclonal antibody is a human, humanized, chimeric or murine antibody. ~~The use according to any one of claims 1 to 11, characterised in that an antibody derivative is used which comprises at least the Fab portion of an antibody and binds to a tumor associated glycosylation.~~

13. (CURRENTLY AMENDED) The method according to claim 1, characterised in that an antibody having an affinity to binding the EGF receptor with a dissociation constant of below a Kd value of 10^{-6} mol/l, preferably less than 10^{-7}mol/l, most preferred 10^{-8}mol/l, or less, is used. ~~The use according to any one of claims 1 to 12, characterised in that the patient suffers from a cancer with tumor cells which express a receptor from the family of the EGF receptors.~~

14. (CURRENTLY AMENDED) The method according to claim 1, characterised in that the antibody is used in a dose of at least 50 mg, preferably at least 100 mg, most preferred at least 200 mg, up to 2 g per patient. ~~A pharmaceutical preparation for treating cancer patients and containing an antibody directed against a tumor associated glycosylation at a concentration ranging from 0.1-10%, prefer ably 1-5%.~~

15. (CURRENTLY AMENDED) The method according to claim 1, characterised in that an antibody derivative is used which comprises at least the Fab-portion of an antibody and binds to a tumor-associated glycosylation. ~~A preparation for the pharmaceutical and/or diagnostic use, based on an antibody derivative comprising at least a Fab portion of an antibody which binds to a tumor associated glycosylation and has a CDC and ADCC activity of less than 50% of the native antibody.~~

16. (CURRENTLY AMENDED) The method according to claim 1, characterised in that the patient suffers from a cancer with tumor cells which express a receptor from the family of the EGF receptors. ~~The use according to any one of claims 1 to 13,~~

~~characterised in that a body fluid or a tissue from a cancer patient is treated ex vivo, in particular bone marrow, blood, serum or organ components.~~

17. (CURRENTLY AMENDED) A pharmaceutical preparation for treating cancer patients and containing an antibody directed against a tumor-associated glycosylation at a concentration ranging from 0.1-10%, preferably 1-5%.~~The use according to claim 16, characterised in that the cancer patient is treated within the frame of a high dosage chemotherapy.~~

18. (CURRENTLY AMENDED) A preparation for the pharmaceutical and/or diagnostic use, based on an antibody derivative comprising at least a Fab-portion of an antibody which binds to a tumor-associated glycosylation and has a CDC and ADCC activity of less than 50% of the native antibody.~~The use according to claim 16, characterised in that the body fluid, or the tissue, respectively, is derived from a patient with the risk of a cancer disease.~~

19. (CURRENTLY AMENDED) The method according to claim 1, characterised in that a body fluid or a tissue from a cancer patient is treated ex vivo, in particular bone marrow, blood, serum or organ components.~~A method of producing a preparation based on a body fluid or tissue, in particular bone marrow, blood, serum or organ components, by~~

~~- ex vivo treatment of the body fluid or of the tissue with an antibody directed against a tumor-associated glycosylation for forming a cellular immune complex, and~~

~~- optionally separating the immune complex.~~

20. (CURRENTLY AMENDED) The method according to claim 19, characterised in that the cancer patient is treated within the frame of a high dosage chemotherapy.~~A preparation obtainable by a method according to claim 18 and having a reduced content of receptors from the EGF receptor family.~~

21. (CURRENTLY AMENDED) The method according to claim 19, characterised in that the body fluid, or the tissue, respectively, is derived from a patient with the risk of a cancer disease.~~A method of determining the risk of metastasis formation in a cancer patient, by~~

~~-providing a sample of a body fluid from a cancer patient,~~

~~-contacting said sample with an antibody directed against a tumor-associated glycosylation for forming a cellular immune complex of potentially present tumor cells with said antibody, and~~

~~- qualitative and/or quantitative determination of the immune complex in the body fluid as a measure of the metastasis forming potential.~~

22. (CURRENTLY AMENDED) A method of producing a preparation based on a body fluid or tissue, in particular bone marrow, blood, serum or organ components, by

- ex vivo treatment of the body fluid or of the tissue with an antibody directed against a tumor-associated glycosylation for forming a cellular immune complex, and

optionally separating the immune complex.~~A diagnostic agent, containing an antibody directed against a tumor associated glycosylation in combination with a carrier for separating a cellular immune complex.~~

23. (CURRENTLY AMENDED) A preparation obtainable by a method according to claim 22 and having a reduced content of receptors from the EGF-receptor family.~~A diagnostic agent containing an antibody directed against a tumor-associated glycosylation in combination with a labelling for determining a cellular immune complex.~~

24. (NEW) A method of determining the risk of metastasis formation in a cancer patient, by

- providing a sample of a body fluid from a cancer patient,
- contacting said sample with an antibody directed against a tumor-associated glycosylation for forming a cellular immune complex of potentially present tumor cells with said antibody, and
- qualitative and/or quantitative determination of the immune complex in the body fluid as a measure of the metastasis-forming potential.

25. (NEW) A diagnostic agent, containing an antibody directed against a tumor-associated glycosylation in combination with a carrier for separating a cellular immune complex.

26. (NEW) A diagnostic agent containing an antibody directed against a tumor-associated glycosylation in combination with a labelling for determining a cellular immune complex.